



**The Shishukunj**

INTERNATIONAL SCHOOL

NORTH CAMPUS

Affiliated to Shishukunj International Foundation.

Gram Badodia Ema, Behind Vishwanath Dham,  
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Form Number

Category : EP / NEP  
(For office use only)

### Registration Form for Admission : Academic Year 2022-2023

Note : 1. Please ensure that you provide all the required information.  
2. Please use CAPITAL LETTERS and / or tick the appropriate boxes.

Class to which admission is sought

Class :

#### 1. Student Information

Name :

First Name

Middle Name

Surname / Last Name

Sex : ☐ Male ☐ Female Age as on 31.03.2022 :

Date of Birth : Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Date of Birth in words : \_\_\_\_\_

Place of Birth : \_\_\_\_\_ Citizenship : \_\_\_\_\_

School and class attending now : \_\_\_\_\_

Affix a recent  
Passport size  
colour photograph  
of the applicant

**(Not older than  
one month)**

2. Family Information

**Father's Name :** \_\_\_\_\_

Academic Qualification : \_\_\_\_\_

School/s attended (1) \_\_\_\_\_ Yr. \_\_\_\_\_

(2) \_\_\_\_\_ Yr. \_\_\_\_\_

(3) \_\_\_\_\_ Yr. \_\_\_\_\_

College/s attended (1) \_\_\_\_\_ Yr. \_\_\_\_\_

(2) \_\_\_\_\_ Yr. \_\_\_\_\_

(3) \_\_\_\_\_ Yr. \_\_\_\_\_

Occupation : \_\_\_\_\_

Designation : \_\_\_\_\_

Name of Organisation : \_\_\_\_\_

Office Address : \_\_\_\_\_

Office Phone Nos. : \_\_\_\_\_ Mobile : \_\_\_\_\_

E-mail Address : \_\_\_\_\_

**Mother's Name :** \_\_\_\_\_

Academic Qualification : \_\_\_\_\_

School/s attended (1) \_\_\_\_\_ Yr. \_\_\_\_\_

(2) \_\_\_\_\_ Yr. \_\_\_\_\_

(3) \_\_\_\_\_ Yr. \_\_\_\_\_

College/s attended (1) \_\_\_\_\_ Yr. \_\_\_\_\_

(2) \_\_\_\_\_ Yr. \_\_\_\_\_

(3) \_\_\_\_\_ Yr. \_\_\_\_\_

Occupation : \_\_\_\_\_

Designation : \_\_\_\_\_

Name of Organisation : \_\_\_\_\_

Office Address : \_\_\_\_\_

Office Phone Nos. : \_\_\_\_\_ Mobile : \_\_\_\_\_

E-mail Address : \_\_\_\_\_

Residence Address : \_\_\_\_\_

\_\_\_\_\_ Phone : \_\_\_\_\_

Present Resi. Add. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Phone : \_\_\_\_\_

(Please enclose residence address proof)

Details of Siblings (Real Brothers and Sisters) :

Name of Child	School attending	Class
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Other Information (Tick if applicable)

- Staff Child ..... [    ]
- Physically Challenged Child ..... [    ]
- Repeating any Class ..... [    ]
- Member of the Scheduled Caste/Scheduled tribe/OBC ..... [    ]

- Please enclose a photocopy of birth certificate of your ward.
- Any wrong information may lead to non admission or cancellation of admission.
- Submission of Registration form does not imply confirmed admission.
- Photocopy of marks sheets / report cards of previous two years to be enclosed.
- Please provide residence address proof.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Name of Parent / Guardian

Date : \_\_\_\_\_

Form No. : \_\_\_\_\_



RECEIPT OF REGISTRATION FORM

Received Registration form from \_\_\_\_\_

Ref. \_\_\_\_\_ on \_\_\_\_\_.

\_\_\_\_\_  
Signature